

RETURN TO:

TH Administration Department Box 599 Dawson City, Yukon Y0B 1G0

Committees Membership Application

Contact Information	
Name	
Street Address	
City, Territory, Postal Code Home Phone	
Work Phone	
E-Mail Address	
E-Mail Address	
Availability	
Which days (evenings) are y	ou available for meetings?
Monday	Thursday
Tuesday	Friday
Wednesday	Weekends
Interests	
Name of Board or Committee	e in which you are interested:
	- · · · · · · · · · · · · · · · · · · ·
Special Skills or Qualifica	tions
Summarize special skills and	qualifications you have acquired from employment, previous
	other activities, including hobbies or sports.
volunteer work, or throught t	ration activities, including hobbies of sports.

Representation	
Summarize how you woul	d actively participate and represent on this Board/Committee?
Previous Volunteer Exp	perience
Summarize your previous	volunteer experience.
<u> </u>	<u> </u>
Danis de Natifa in Car	
Person to Notify in Cas	e or Emergency
Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
Work Phone	
E-Mail Address	
Agroomont and Signatu	uro
Agreement and Signat	
	tion, I affirm that the facts set forth in it are true and complete. I
	ccepted as an appointment or nominee, any false statements, presentations made by me on this application may result in my
immediate dismissal.	presentations made by me on this application may result in my
Name (printed)	
Signature	
Date	
Date	

Tr'ondëk Hwëch'in Belief Statement

Our belief is that the Tr'ondëk Hwëch'in Nation will continue to preserve our identity and to
exercise our inherent rights with equality, understanding and well being in an environment of
trust, respect, honesty and open communication.

Mähsi cho for	completing	this	application	form	and for	vour interes	st.

Date Received:	
Council Appointment:	